

SPECIAL
POINTS OF
INTEREST:

- Postpartum Depression
- Quality Measures for Children's Healthcare
- High School Girls Need Exercise
- Public Health Certificate Program Deadline Nears
- School Nurses Asked to do Survey for American Lung Association

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ZIPS

Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids

VOLUME 3 NUMBER 11

NOVEMBER 2005

New Clinic and School of Dental Hygiene Opens in Pittsburg

Through a truly collaborative effort, the Community Health Center of Southeast Kansas and Fort Scott Community College have partnered on the expansion of dental resources available to Kansans.

As part of the partnership, the new, full-service dental clinic opened its doors at the first of August. The full-time clinic is staffed by one or more dentists and provides services based on ability to pay, with a target population of uninsured and Medicaid children and low-income and/or elderly adults. The clinic hopes

**Community Health Center
of Southeast Kansas** to provide care for more than 6,200

low-income patients annually.

In the same facility, the clinic is also operating a two-year dental hygienist training program. The first class of 12 students started their training in August as the clinic opened its doors for the first time. The dental clinic serves as the clinical training site for both the first-year and second-year students.

Through this collaborative relationship, both programs will immediately meet their primary goals of serving a very needy underserved population, addressing the critical shortage of dental professionals in the region and training students for well-paying, critically needed positions.



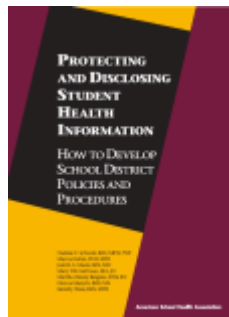
Trends in Leisure-Time Physical Inactivity

Physical inactivity is associated with increased risk for certain chronic diseases. Despite the benefits of exercise, more than half of US adults are not regularly active at the recommended levels. Trends in the proportion of adults who engage in proper levels of activity have remained fairly stable over time. However, the proportion of adults from 35 states and the District of Columbia who did not engage in proper exercise declined from 1996 to 2002. CDC recommends state and local health departments continue to create programs to encourage adults to be physically active. Read the report at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5439a5.htm>.

Help Available to Develop School District Health Information Policies and Procedures

The American School Health Association has announced the availability of a new book which provides practical guidance to help school district personnel navigate the myriad and sometimes conflicting legal considerations connected to managing student health information. Not just for nurses, "Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedures" will help all school officials develop and implement policies and administrative procedures that enable them to confidently protect, use and handle sensitive information appropriately within the scope of their responsibilities.

This book gives particular attention to balancing the requirements of the Health Insurance Portability and Accountability Act (HIPAA) with other applicable federal and state laws. It was developed in collaboration with representatives from 20 national health and education organizations.



Some sections are:

Legal Framework - the importance of understanding and balancing the various laws that pertain to student health information

Fundamentals for Developing Policies and Procedures - essential foundations, ethical and legal principles, and additional values influencing professional practice

Standards - eight building blocks of effective policies and procedures, rationale and critical elements for each standard, and sample language

To learn more and to order, go to: <http://www.ashaweb.org>. Click under Publications, ASHA Publications, School Nurse/Health Services Material.

PERINATAL HEALTH

Postpartum Depression or the Baby Blues

Experiencing mood swings after having a baby is very common for many women. New mothers can go from feeling great and laughing one minute to feeling poorly about themselves and crying the next. They may also experience mild depressive symptoms, have difficulty concentrating, lose their appetite and have difficulty sleeping. These symptoms in new mothers are referred to as the baby blues. The blues are considered a normal part of early motherhood and usually go away within 10 days of delivery. However, if women have worse or longer lasting symptoms, they may have postpartum depression.

Postpartum depression is an illness like any other. Symptoms include: loss of interest or pleasure in life; increased crying or tearfulness; feeling worthless, hopeless or overly guilty; feeling restless, irritable or anxious;

unexplained weight change; and having thoughts about hurting one's self or worrying about hurting the baby. Although many women get depressed right after childbirth, some don't feel depressed until weeks or months later. If this is within six months of childbirth, it may be postpartum depression.

A woman is more likely to experience postpartum depression if she has had it previously, has depression unrelated to pregnancy, has severe PMS, is in a difficult marriage, has few close family members or friends, or experiences stressful life events during pregnancy or after childbirth. The etiology of postpartum has not been clearly delineated, but a logical



theory stems from what scientists and women's healthcare professionals know about changes in hormone levels during pregnancy and right after childbirth. The changes during these critical times suggest that chemical changes in the brain play a part in the development of depression.

Treatments for postpartum depression are the same as for any other depression: the use of medicines like antidepressants and support and counseling. A breastfeeding mother should talk to her doctor about the safety medications while breastfeeding.

For more information about postpartum depression and treatment go to: <http://www.sbpep.org>; <http://www.postpartum.net>; <http://www.aafp.org/afp/990415ap/2247.html>

There is no finer investment for any community than putting milk into babies.

— Winston Churchill

Were You Born in the Evening?

A study from the American College of Obstetricians and Gynecologists found neonatal deaths were higher for infants born between 7 p.m. and 7 a.m. than between 7 a.m. and 7 p.m.



Researchers examined the birth-death data of more than 3 million infants born in California between 1992 and 1997. Their analysis of deaths per 1,000 live births showed 1.88 infant deaths for daytime births; 2.37 infant deaths for early night (7 p.m. to 1 a.m.); and 2.31 infant deaths for

late-night births (1 to 7 a.m.). Controlling for various factors, including prenatal care and complications, the study found a 12 percent increase in infant deaths during the early night and a 16 percent increase during the late-night.

The increase in infant deaths may be attributed to the availability and quality of the medical and support personnel and accessibility of tests and procedures, but more research is needed. For more on studies dealing with this and similar topics go to: <http://www.acog.org>

Pregnant Women and Smoking

Quitting smoking is the most important thing a pregnant woman can do to prevent serious illness and complications for herself and her baby. Smoking during pregnancy is responsible for 20 percent of all low birth weight babies, 8 percent of preterm births, and 5 percent of all perinatal deaths. Medical cost estimates of complicated births to pregnant smokers range from \$1.4 billion to \$2 billion annually. The U.S. Public Health Service estimates that if all pregnant women stopped smoking,

there would be a 10 percent drop in infant deaths.

Pregnancy presents a window of opportunity for women to stop smoking because research has demonstrated that pregnant women are highly motivated to quit out of concern for their and their baby's health and a variety of interventions are effective in helping pregnant women to stop smoking. For more information on this topic go to: <http://www.cancer.org> or <http://www.kdheks.gov/tobacco/>

POLICY RECOMMENDATIONS TO REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME REVISED

"Additional work in promoting appropriate infant sleep positions and sleeping-environment conditions may be necessary to resume the previous rate of decline for SIDS [Sudden Infant Death Syndrome] and all-cause postneonatal mortality." This recommendation is from a policy statement released on October 10 by the American Academy of Pediatrics (AAP). Despite marked rate reductions over the past decade, SIDS is still responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period.

Issues addressed in the policy statement include sleep position, bedding, bed sharing,

pacifiers, secondary caregivers, home monitors, immunization, and breastfeeding. Some AAP recommendations to reduce the risk of SIDS in the general population are:

- * Place infants in a supine position (wholly on the back) for every sleep.
- * Use a firm crib mattress with a sheet.
- * Keep soft objects and loose bedding out of an infant's sleeping environment.
- * Do not smoke during pregnancy; avoid exposing infants to secondhand smoke.
- * Clothe infants lightly for sleep, and keep room temperature comfortable for a lightly clothed adult.
- * Avoid use of commercial devices and



home monitors as a strategy to reduce the risk of SIDS.

- * To avoid positional plagiocephaly and to enhance motor development, encourage "tummy time" and upright "cuddle time" when the infant is awake and observed.
- * Intensify education for secondary caregivers and maintain a special focus on black and American Indian/Alaska native populations.

Access the full policy statement in Pediatrics 116(5):1245-1255 or at: <http://pediatrics.aappublications.org/>

CHILD HEALTH

Authors Examine Quality Measures for Children's Health Care

"This analysis can serve as a starting point to highlight gaps in quality measurement in need of



attention based on high health care burden for children," state the

authors of an article published in the September-October 2005 issue of *Ambulatory Pediatrics* (5(5):268-278). Conditions such as asthma, cancer, chronic obstructive pulmonary disease, hypertension and so forth rank high as priority conditions for adult populations. However, the majority of these conditions are not highly relevant for children's health care.

The goal of the study described in this article was to create lists of high-priority conditions for children based on different vantage points for defining burden relative to both inpatient and outpatient care for children. The authors also cross-tabulated these high-burden conditions with known quality measures for pediatric health care to highlight areas for future work in the beginning steps of expanding quality-measurement tools for children.

To obtain a national picture of health care burden for children, the authors identified and examined all

existing publicly available health care databases either with the capability to produce national estimates or that encompassed a relatively large proportion of the nation's children.

The authors found that

* For all the conditions for which known quality of care measures were identified, the scope of the problems addressed by any group of measures was small.

* Of all conditions for which known quality of care measures were identified (well child care, respiratory, dermatologic, gastrointestinal, neurologic, surgical/trauma, genitourinary, neonatal, pregnancy, cardiovascular, orthopedic, and metabolic/immune), well child care had the highest number of existing measures. Beyond well child care, the scope of measures became substantially smaller.

* All of the 12 measure sets examined are implemented in different ways encompassing administrative data reviews, chart reviews, and surveys. It is therefore likely that few, if any, institutions or ambulatory clinics that care for children use all the pertinent measures.

The authors conclude that "only by the establishment of clear standards, as articulated by quality measures, can the field of children's health care move beyond its current state of relatively limited distribution of quality-improvement activities and resources."

"Let's Just Play" Giveaway Program

Children's television network Nickelodeon has announced the launch of the 2005-2006 "Let's Just Play" Giveaway Program. The program offers kids the opportunity to take action and enter for a chance to win \$5,000 to improve their school or community program's fitness resources.



To enter, kids (6-15 years), partnering with teachers and other community-based leaders, must tell Nickelodeon what they need for their public or private school (grades K-9) or community-based after-school organization to help them play better and why, and give three reasons why play is important. The winners will be randomly selected and announced via Nickelodeon Online at the beginning of each month, starting in September.

Learn more at : http://www.nick.com/all_nick/everything_nick/lip_home.jhtml.

Relationship Between Children's Medical Home and Health Services Utilization Documented

Professional medical organizations and policymakers have suggested that having a medical home is important for children with a chronic condition or special health care need. However, research that empirically documents the benefits of having a medical home to the health of this population is limited.

An article published in the September/October 2005 issue of the *Journal of Pediatric Health Care* "provides evidence that most children with asthma have a usual source of care." The authors conclude that "the majority of parents of children with asthma report high levels of medical home characteristics present in their child's usual source of health care and high levels of satisfaction."

The soul is healed by being with children.

— Fyodor Dostoevsky

Health Care and Well Being of Children with Chronic Emotional, Behavioral, or Developmental Problems

The needs of children with emotional, behavioral, and developmental (EBD) problems are a national concern. To assess the health care and well being of such children requiring treatment or counseling, researchers from Oregon Health and Science University and CDC analyzed parent-reported data from the 2001 National Survey of Children with Special Health Care Needs (CSHCN).

The resulting report indicated that, compared with

CSHCN who do not have chronic EBD problems, children with chronic EBD problems were more likely to experience diminished health and quality of life and to have problems accessing and receiving needed care. These children were more likely to have health conditions that affect daily activities and cause them to miss school. In addition, their health-care needs were



more likely to affect their families.

The results of this analysis reinforces existing recommendations that encourage expansions in screening and early detection of mental health problems, as well as improvements in access, coordination, and quality of health-care services for children with EBD problems.

For the full research article, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5439a3.htm>.

"Energy In/Energy Out" for Children

The after-school program "ReCharge!" coaches children on "energy in and energy out" while focusing on goal-setting and teamwork through fun age-appropriate activities designed for the athlete and non-athlete alike. The National Dairy Council will distribute more than 5,500 ReCharge! programs to schools nationwide this fall. Additional kits can be ordered from the Action for Healthy Kids website <http://www.actionforhealthykids.org>.

ADOLESCENT HEALTH

Increasing the Physical Activity Level of High School Girls

Research shows that as children age they become less likely to engage in physical activities.

This trend is particularly noticeable among girls. Some studies have shown a decline in activity of as much as 64 percent among white girls and 100 percent among black girls between the ages of 9–18.

Concurrently, obesity rates and rates of type 2 diabetes—both of which can, in many cases, be mitigated by proper exercise—are increasing for these same female populations. Additionally, many schools have begun limiting gym classes and recess (and



other nonacademic offerings) in an effort to adjust instruction to meet the demands of an increasingly high-stakes assessment system focused on academic testing. Unfortunately, the trade off for this path to increased academic skills may well be the good health of our children.

The Centers for Disease Control and Prevention notes, “Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. . . . In 2003, more than one-third of high school students did not regularly engage in vigorous physical

activity and only 28 percent . . . attended physical education class daily.”

A comprehensive approach to school health focused on changes in health education, school environment, and PE classes may significantly increase the moderate to vigorous activity levels of high school girls.

Learn more from the Association for Supervision and Curriculum Development (ASCD) [Research Brief](#), Vol. 3, No. 17, by clicking [HERE](#) and following the link to “Can comprehensive school-based interventions increase physical activity among high school girls?”



Progress on Teen Crash Deaths Stalls: Remains Number One Cause of Teen Deaths

How often do you read a newspaper headline about another fatality due to teenage driving? Do the facts really substantiate what is



often described as an epidemic? Data released by Child Trends reveal that teen traffic death rates have declined by over a third since 1980. However, progress has stalled in recent years and may have started to reverse. In addition, motor vehicle crash deaths continue to be the leading cause of death among teens ages 16 to 19.

According to the latest statis-

tics (2002) cited in the most recent Child Trends DataBank, [CrossCurrents Data Brief](http://www.childtrendsdatabank.org/PDF/teen%20driving.pdf), (<http://www.childtrendsdatabank.org/PDF/teen%20driving.pdf>):

-- Deaths declined from 42 per 100,000 in 1980 to 25 per 100,000 in 1999 before edging up to 28 per 100,000 in 2002.

-- Motor vehicle crashes account for 40 percent of all deaths to teens ages 16 to 19, with more than 5,000 youth losing their lives.

Information on teens and driving can be found on the Child Trends DataBank at <http://www.childtrendsdatabank.org/>.

The only people who grow old were born old to begin with.

— Robert E. Sherwood

Report Provides Broad Portrait of What Adolescents Are Doing and Thinking

“Freeze Frame: A Snapshot of America’s Teens” presents data on a variety of topics, from adolescents’ sexual behavior to their religious beliefs.

The chartbook, produced by the National Campaign to Prevent Teen Pregnancy in conjunction with Child Trends, groups data into seven areas of influence -- health, family, peers and partners, school, community, media and consumer behavior, and religious and spiritual beliefs. The chartbook is intended to help correct common misconceptions about adolescents as well as to provide adults and those working with young people with better understanding of adolescents. The chartbook is available at <http://www.teenpregnancy.org/works/pdf/FreezeFrame.pdf>.



Community Mobilization Workshop for Sexuality Education to be Presented in Kansas City

WAIT Training, in conjunction with KDHE, will present dynamic training workshops that will equip and empower you to mobilize your community and teach teens the skills to avoid drugs, alcohol, early sexual debut and other high risk behaviors. Relationship skills, positive youth development and character lessons, life skills, conflict resolution, safe dating strategies and marriage preparation education will be taught, as well as ways to empower sexually active teens to return to healthier lifestyles.

These workshops answer the questions:

•How did we get from Mary Tyler Moore to MTV?

•Why are kids having more sex and less joy?

•What is so great about marriage anyway?

•What about gay or questioning students?

•Does abstinence education work?

•What about the teens who are already sexually active or pregnant or parenting?

•What kind of skills do kids need to succeed and what is the best way to teach those skills?



•How can adults make a positive and powerful impact for the next generation?

If you want to know the answers to these questions and more, plan to attend the workshops March 23-25, 2006, in Kansas City, Kansas. This training is for teachers, nurses, counselors, youth leaders, pastors, youth-serving personnel, parents - for anyone who has a heart for a teen. Scholarships are available for the first 30 registrants for the training and all materials are provided.

Please check out the web at <http://www.waittraining.com> or call 720-488-8888 for more information.

PUBLIC HEALTH

Article Assesses Patient Advisories to Improve Safety in Health Care

"The development and distribution of advisories to help patients help ensure their own safety in health care was probably well intended and might help to reduce errors and harms, but the possibility remains that the advisories may be ineffective or even have unwanted consequences," state the authors of an article in the September 2005 issue of the *Journal on Quality and Patient Safety*. The article identifies a number of concerns about the development, content, and implications of currently distributed advisories on how patients and families could protect their own health.

From September 2003 through August 2004, the authors examined five major advisories that inform patients about safety in the context of professionally delivered health services. The advisories were produced by

high-profile national organizations and were widely disseminated. The authors developed a critique, drawing on published literature and a series of discussions with key informants with particular expertise and interest in patient involvement and safety issues.

Some of the authors findings were:

- * None of the advisories considered the relationship between health care errors, harms, and poor outcomes, and none specified current safety-related standards.

- * The advisories were optimistic about patients' ability to contribute to ensuring their own safety in health care.

- * The advisories were written from a health professional's perspective, with little input from patients.

- * There is currently little empirical evidence about the effects of the distribution of

safety tips on patients' perceptions and their inclination to adopt recommended behaviors.

The authors conclude with three main recommendations for future efforts in creating advisories: (1) engage in rigorous research and debate to tackle the questions of appropriate roles for patients to play in enhancing their own health practices, (2) critically examine and periodically review the advice that is given to patients in advisories, and (3) take seriously the inherent limitations of giving advice to patients, and provide practical support for appropriate patient roles.

The full text article and summary are available from the Commonwealth Fund at http://www.cmwf.org/publications/publications_show.htm?doc_id=297152.



I am a little pencil in the hand of a writing God who is sending a love letter to the world.

— Mother Teresa

Hollywood Film Industry Ignores HIV/AIDS Pandemic

According to a study in the *Journal of the Royal Society of Medicine* (98:464-470), "Sex and Drugs in Popular Movies: An Analysis of the Top 200 Films," the Hollywood film industry fails to show the negative consequences of unprotected sex, such as unplanned pregnancies, HIV/AIDS and other sexually transmitted diseases. Researchers examined a September 2003 list of the 200 most popular films since the start of the HIV/AIDS pandemic in 1983 as ranked by the Internet Movie Database in March 2004.

Animated features, films accept-

able for children and movies not about humans were excluded, leaving 87 movies and 53 episodes of sex to be reviewed. According to researchers, in 52 sexual episodes no birth control was referenced or used. In the one scene where a condom was used, it was a reference only to birth control. "Sex depictions in popular movies of the last two decades lacked safe sex messages. Drug use, though infrequent, tended to be depicted positively. The social norm being presented is concerning given the HIV and illicit drug pandemics," say the authors.

Program Designed to Help Families Be More Active

Get Hip & Get Fit is a new national program that aims to help parents choose family activities that promote physical activity. Program tools, designed by Shape Up America, include a series of posters with physical activity ideas. The posters, which may be downloaded or ordered online, are intended for use by parents, educators, and health professionals in promoting a healthy lifestyle for families that balances food intake with physical activity. The tools are available at <http://shapeup.org/fittips/download1.html>.

KS Public Health Certificate Program



The 2006 KS Public Health Certificate Program starts January 2006, meeting two days a month for twelve months. Admission is open to all applicants

through the University of Kansas Public Management Center (KUPMC). Preference will be given to public sector public health employees. The program has no academic prerequisites.

Scholarships for KDHE employees are

available through the Kansas Association of Local Health Departments. This year the classes will be available in Topeka and three other KDHE district sites to be determined by enrollment clusters.

For more information and the KDHE policy on the Kansas Public Health Certificate Program, contact Linda Frazier, RN, BSN, Public Health Workforce Development Coordinator in the Office of Local and Rural Health at 785-296-3641. If you have questions about the program, contact Charles Jones at KUPMC at 785-296-2353 or cfjones@ku.edu. You can also learn more at: <http://www.kuce.org/pmc/phcp/index.shtml>. The application deadline is November 15.

Ask Ken! (About CVRs)

If visits are done on the same date with the same client but in different programs, are multiple CVR's required?

A. Yes, one CVR per program per day except for the Healthy Start Home Visitor Program. See page 5 of the CVR Instruction Manual on #6, Visit Date.

B. You need to discuss the fund source available with your supervisor to determine what programs your agency has available. This would appear to be an internal policy. For technical assistance, please contact the appropriate program consultant.

SCHOOL HEALTH

Heads Up! - Free CDC Tool Kit on Concussion for High School Coaches

The Centers for Disease Control and Prevention (CDC) is providing a free new multimedia educational toolkit to protect teen athletes from a serious but often underestimated health threat - concussion. Concussions are a type of traumatic brain injury (TBI) caused by a blow or jolt to the head that can



range from mild to severe and can disrupt the way the brain normally works. More than 300,000 sports- and recreation-

related TBIs occur in the United States each year.

This initiative, "Heads Up: Concussion in High School Sports," includes information to prevent concussions and identify symptoms and immediate steps to take when an athlete is showing signs of a concussion.

The centerpiece of the toolkit is a video and DVD featuring a high school football player who was permanently disabled after sustaining a second concussion during a game. This player's post-injury perspective emphasizes that it's better to miss one game than to

miss the entire season – or the promise of a healthy future. His experience highlights a rare but potentially fatal condition called second-impact syndrome, which occurs when a person who has had a concussion experiences a second blow while the brain is vulnerable. This second blow does not have to be violent or strong for its effects to be deadly or permanently disabling.

"Concussions can happen to any athlete, male or female, in any sport, and they should never be ignored," said CDC Injury Center director Dr. Ileana Arias. "It's not smart to play injured."

This toolkit will provide coaches and parents with a common sense approach to help raise awareness and prevent sports-related concussions among athletes."



Toolkits can be ordered and downloaded free-of-charge online at http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm. For more information about concussions, traumatic brain injury, or injury in general, visit CDC Injury Center's website at <http://www.cdc.gov/injury>.

Resources for School Nurses/Health Department Nurses Providing Services to Children and Youth

County fairs have passed, school has been in session for nine weeks, and the hubbub created by a new school year and a new fall season has become a quieter "roar!" Even though everyone is trying to settle into more of a "routine," those daily challenges and questions come up! There are several resources available to those organizations and practitioners who are providing services to children and families. Be sure and take time to look them over as you will find valuable written infor-

mation that will be helpful as you work with families to improve and enhance their health. The following are those resources best kept close at hand. And better yet, most of these resources link you with even more resources ~ all with the click of your mouse!

School Nursing and School Health Services ~ A Planning and Resource Guide, 2005



http://www.kdheks.gov/c-fi/downloads/resource_guide_complete.pdf
Guidelines for Serving Children With Special Health Care Needs
http://www.kdheks.gov/c-fi/guidelines/special_needs.pdf
Guidelines for Serving Children With Special Health Care Needs, Part II (Care Plans)
http://www.kdheks.gov/c-fi/special_needs_part2.html
Kansas Classroom Handbook of Communicable Diseases
http://www.kdheks.gov/epi/download/classroom_handbook.pdf

Criticism should not be querulous and wasting, all knife and root-pulling, but guiding, instructive, inspirational.
— Ralph Waldo Emerson

Attention Kansas School Nurses: THE AMERICAN LUNG ASSOCIATION NEEDS YOUR HELP!!

Beth Marolf, the coordinator for the Open Airways for Schools and the Tools for Schools Program needs Kansas school nurses to complete an 11 question survey regarding Open Airways for Schools and to return it to her by **December 1**. Returning the survey **DOES NOT** obligate you to implement OAS, but will provide planning information for ALA. As a thank you for participating, you'll receive 30 activity books for children with asthma plus an asthma CD-Rom game, "Quest for the Code."

The survey is at the end of the newsletter. Please print the page and complete and return according to the instructions.

Your help is appreciated!

Extended Care Permit Workshops for Topeka and Emporia



Many healthcare providers are aware that many Kansas families and children do not have access to dental care. Are you interested in doing something important in your community for those less fortunate?

Oral Health Kansas is providing two workshop opportunities for people and organizations to learn about a program that may benefit those families you serve. An Extended Care Permit (ECP) dental hygiene service can help meet the preventive oral health needs in your community. ECP workshops will be held November 19 in Topeka

and December 3 in Emporia.

While targeted primarily at dental hygiene professionals, the ECP workshops are equally valuable for potential community partners. The workshop addresses legal and administrative components of establishing and operating an ECP hygiene service, so school administrators and health department administrators will find it valuable.

Pre-registration is required and registration costs \$60 or \$85, but can be for a team. For more information or to obtain a registration form, contact Marcia Manter, Oral Health Project Coordinator for Oral Health Kansas, at mmanter@aol.com or at 785-235-6030.

EVENTS



RESOURCES

Heart Healthy Women and Disparities

The Kansas Heart Disease and Stroke Prevention Program along with the Nebraska Cardiovascular Health Program and the Missouri Heart Disease and Stroke Prevention Program will present the Region VII Cardiovascular Disease Conference entitled "Heart Healthy Women and Disparities: Putting Knowledge Into Action" on **November 2-4** at the Hyatt Regency Crown Center in Kansas City, Missouri. Contact Misty Jimerson at Mjimerson@KDHE.state.ks.us for more information.

Advanced Oral-Motor Feeding Workshop

This workshop, **November 4-5** in Topeka, is designed for those who have attended a basic feeding workshop and who now want to problem solve issues encountered in feeding therapy with children and families. Gay Lloyd Pinder, PhD, CCCSLP, will conduct the workshop. She is program director of the Children's Therapy Center of Kent, WA, and a clinical instructor at the University of Washington in Seattle. For details and to register, go to: <http://www.capper.org/pdfs/Oral%20Motor%20Course%20Description.pdf>

Workshops for Substance Abuse Counselors

Prevention and Recovery Services presents two workshops in November to help health and counseling professionals deal with clients with substance abuse problems. **Kansas Baseline** is a program intended to increase awareness of the impact of alcohol, tobacco and other drugs (ATOD) on the individual, family, school and community. The training, on November 7-8, includes videos, lectures, group activities and guest speakers. A Baseline resource manual will be provided. Cost for this workshop is \$25.00. The second workshop, **Crank It Up**, is community methamphetamine prevention training - featuring a video "CSI: Covering All the Angles of a Meth Lab." This workshop will be **November 16-17** and costs \$35. Both workshops require pre-registration. Details are available at <http://www.parstopeka.com/wcindex.asp>.

November is Prematurity Awareness Month

The March of Dimes has designated **November 15** as Prematurity Awareness Day and November as Prematurity Awareness Month. Activities will take place throughout the country to increase awareness of the problems associated with prematurity. The day will incorporate the launch of a new educational campaign for women about risk reduction, entitled "I want my nine months!" The website - <http://www.marchofdimes.com/pad/> - offers tools for advocates, including public service announcements and sample letters to the editor.

SAVE THE DATE!

The Kansas Fatherhood Coalition proudly announces the 4th annual KANSAS FATHERHOOD SUMMIT, **March 19-21, 2006**, at the Wichita Marriott. The summit is intended for social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders. Keynote speakers include Jerry Tello, David Pate, Will Stovall and DJ Eagle Bear-Vanus. New this year are --- Healthy Marriage track, Grandparent track and Domestic Violence track in addition to the 16 Fatherhood break-out sessions. Registration fee before February 20 will be \$25 for parents/caregivers and \$75 for practitioners. Watch for registration forms in late December.

The Robert Wood Johnson Health Policy Fellowships Program

provides the nation's most comprehensive experience at the nexus of health science, policy and politics in Washington, DC. The Health Policy Fellowship Program is an opportunity for mid-career health professionals to gain an understanding of the health policy process, to contribute to the formulation of new policies and programs, and to develop in their careers as leaders in academic health centers and in health policy. Apply by November 18. More information is at: <http://www.rwjf.org/applications/program/cfp.jsp?ID=19285>

The **U.S. Department of Education** has released a guide, "Practical Information on Crisis Planning: A Guide for Schools and Communities," to assist schools in preparing for emergencies. The guide may be downloaded at no cost at <http://www.ed.gov/emergencyplan/>. Another website with links to sample emergency plans and to other information useful in developing plans and supporting activities is at: <http://www.healthinschools.org/sh/emerg.asp>.

The Maternal and Child Health Thesaurus, Third Edition

created by the Maternal and Child Health Library, was recently published. It provides the MCH professional community with a standard vocabulary that serves as a tool for indexing and retrieving materials in any MCH research center, library, or special collection. The thesaurus Web site at <http://www.mchthesaurus.info/thesaurus/home.htm> provides an introduction; an alphabetical list of terms; a rotated list of terms; a set of subject categories; and a search function to search MCHLine[®] for specific terms. A pdf version of the full 244-page thesaurus is also available on the Web site.

MedlinePlus

Web site helps answer health questions. The site brings together authoritative information from the National Library of Medicine, the National Institutes of Health, and other government agencies and health-related organizations. Preformulated MEDLINE searches are included on the site and give easy access to medical journal articles. MedlinePlus also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and latest health news. Bookmark <http://medlineplus.gov/> for easy reference.

The Center for Health and Health Care in Schools

(CHHCS), a nonpartisan policy and program resource center at the George Washington University School of Public Health and Health Services, provides a listing of grants from a variety of sources for a variety of reasons. Check it out at: <http://www.healthinschools.org/grants/alerts.asp>

The National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, provides a 2005 National Health Observances calendar. Find out what is being celebrated or emphasized this month at: <http://www.healthfinder.gov/library/nho/nho.asp?year=2005>.

The Kansas Health Statistics Report is available at the KDHE Center for Health and Environmental Statistics Web site at <http://www.kdhe.state.ks.us/ches/khsnews/khsr.html>. The Center publishes the Report quarterly. Subscribe for electronic notification by sending contact information to Kansas.Health.Statistics@kdhe.state.ks.us.

I would rather make my name than inherit it.
— William Makepeace Thackeray



**The State of Kansas
Department of Health and Environment**

Bureau for Children, Youth and Families

Children and Families Section

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1-785-296-1307 (Administration)

Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions.

Previous ZIPS can be found at:

<http://www.kdhe.state.ks.us/c-f/zips/>

Contact one of the following for more information on programs:

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<http://www.kdhe.state.ks.us/c-f>

Study Examines Implications of Social Support for Rural, Partnered African-American Women's Health Functioning

"Overall, these findings imply that health functioning among rural, partnered African-American women was significantly impacted by the perceived quality of their intimate relationships and their social relationships with neighbors, indicating that social connections provide unique benefits to this understudied subpopulation," state the authors of an article published in the September-October issue of *Women's Health Issues*. Few studies focus on rural women and even fewer on African-American rural women. In addition, most epidemiological surveys of health functioning are based primarily on samples of urban African-American women (most of whom are single mothers), clinical samples, or both. The article examines the ways in which interactions with significant individuals, particularly intimate partners and community residents, may influence the health functioning of African-American women living in rural communities.

Data were drawn from the Family and Community Health Study (FACHS), a multi-site, three-wave study of neighbor-

hood and family effects on the health and development of African-American children and their caregivers residing in Iowa and Georgia. The current study included a subsample of 349 African-American women from the larger FACHS sample who were either married or cohabitating with a male partner. Measures were assessed via women's self-reports and included intimate-relationship quality (instability, relationship satisfaction, perceived warmth from partner, and perceived hostility from partner); health functioning (psychological and physical health); and community support (high and low perceived levels of social ties and collective socialization). The analysis determined the significance of the effects of intimate-relationship quality on health functioning, and whether the impact of intimate-relationship quality varied with community cohesion.

The authors found that:

* Intimate-relationship quality was associated significantly and positively

with women's physical and psychological health functioning.

* The impact of the link between intimate-relationship quality and health functioning was stronger for women living in less cohesive communities.

"These benefits underscore the importance of community-level health promotion programs that enlist the support of community members," state the authors. They conclude that "recognition of the powerful effect that contextual factors can have on married African-American women's health should inform community-based programs designed to support connection, socialization, and cohesion."

Citation: Black AR, Cook JL, Murry VM, et al. 2005. Ties that bind: Implications of social support for rural, partnered African American women's health functioning. *Women's Health Issues* 15 (5):216-223. Article is available at <http://www.journals.elsevierhealth.com/periodicals/whi/article/PIIS1049386705000526/fulltext>.



WE NEED YOUR HELP!!!

Please complete the following survey to help us plan for future trainings and programs. Your participation **DOES NOT** obligate you to anything.

Everyone returning the survey will receive “Quest for the Code”, a CD Rom asthma game, plus 30 activity books for your elementary students diagnosed with asthma.

Return the completed survey to:
Beth Marolf, OAS & TfS Coordinator, ALA/Kansas
4300 SW Drury Ln.,
Topeka, KS. 66604
OR Fax to: 785-272-9297

For more information, contact Beth at 785-246-0377 or bmarolf@cox.net.

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- | | | |
|--|-------|--------|
| 1. Are you aware of Open Airways for Schools (OAS)? | YES | NO |
| 2. Have you been trained in OAS? | YES | NO |
| 3. If yes, when? | _____ | |
| 4. If you have been trained, have you implemented OAS in the past... | 1 YR. | 2 YRS. |
| 5. If you have been trained and didn't teach OAS, why not? | _____ | |
-
- | | | | | | |
|--|----------------|--------------------|---------------|-------------|----|
| 6. Would you attend a face to face training in one of the 3 sites listed below?
If yes, circle a site you prefer. | Wichita | Garden City | Topeka | YES | NO |
| 7. Would you attend an OAS ITV training within 50 miles of your school? | | | | YES | NO |
| 8. Are there nurses in a local physician's office willing to help with OAS? | | | | YES | NO |
| 9. Are you or your maintenance staff aware of Tools for Schools (TfS - an indoor air quality program for schools)? | | | | YES | NO |
| 10. Would you or your maintenance staff attend a TfS Telenet2 training at a nearby site? | | | | YES | NO |
| 11. Circle the month that you would prefer attending a training. | NOV. | DEC. | JAN. | FEB. | |

School Name: _____

School Nurse: _____ District #: _____

School Mailing Address: _____

City/Zip: _____ Phone: _____